

# Improving Learning through Classroom Assessment

Dates: July 7-10, 2008

Location: UVSC, Heber Campus

Credit: USOE or SUU

Instructors: Hugh Baird, Lorien Francis, Barbara Gentry, Beth Hoburg, Kevin King, Janis Taylor

Instructor Contact Information: Lorien Francis  
lorien@guyfrancis.com  
(801) 377-5160

Registration Fee and Deposit: \$275 registration fee;  
\$50 deposit payable to Nebo SD

Registration Deadline: Preference given to teachers who enroll before June 15

Send registration form and deposit to: Lorien Francis  
1584 W. 1170 N.  
Provo, UT 84604

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Provo, UT 84604  
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**Course Description:** This course is a repeat of the class we offered last summer. It is designed to help elementary and secondary science teachers improve their ability to construct dependable procedures for collecting evidence of what students have and have not learned, and to make valid, defensible judgments of student progress. In addition to improving their ability to plan and develop traditional paper-and-pencil tests, participants will gain experience in using performance assessments. The course emphasizes the need (1) to assess higher-order thinking as well as mastery of basic knowledge, (2) to more closely integrate assessment with instruction, and (3) to align classroom instruction and assessment with the Utah Science Core Curriculum.



# 2008 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**